

*If you are using a printed copy of this procedure, and not the on-screen version, then you **MUST** make sure the dates at the bottom of the printed copy and the on-screen version match.*

The on-screen version of the Collider-Accelerator Department Procedure is the Official Version.

Hard copies of all signed, official, C-A Operating Procedures are kept on file in the C-A ESHQ

Training Office, Bldg. 911A.

C-A OPERATIONS PROCEDURES MANUAL

ATTACHMENT

8.15.3.b Instructions for Chipmunk Decommissioning Request Form (BNL F 2947A)

C-A OPM Procedures in which this Attachment is used.
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8.15.3		

Hand Processed Changes

<u>HPC No.</u>	<u>Date</u>	<u>Page Nos.</u>	<u>Initials</u>
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Approved: _____
Collider-Accelerator Department Chairman

Date

V. Castillo

8.15.3.b Instructions for Chipmunk Decommissioning Request Form (BNL F 2947A)

1. **Purpose**

This document facilitates the completion of BNL Form F 2947A, Chipmunk Decommissioning Request.

2. **Responsibilities**

The personnel or group involved in filling each section is as follows: (LP) = Liaison Physicist, (ACG) = Access Controls Group, (RCD) = Radiological Controls Group, (MC) = Main Control Group and (CG) = Controls Group.

3. **Prerequisites**

None

4. **Precautions**

None

5. **Procedure**

5.1 Completion of White Form

5.1.1 Installation Request No. (ACG)

- This is the Request number of the Chipmunk Installation Request, form BNL F 2948A, under which the Chipmunk was installed.

5.1.2 Location (LP)

- The Facility: AGS, Booster, Linac, Beam Line No., Experimental Trailer, RHIC, Atr, Tandem, etc.
- Brief description of the area including local objects of identification.
- Map co-ordinates of the area.

5.1.3 Exp. No. (LP)

- The Experiment No.(s) involved with this Location.

5.1.4 Contact (LP)

- Liaison Physicist requesting the Chipmunk decommissioning.

- The Chairman of the Radiation Safety Committee can perform the functions of a Liaison Physicist.

5.1.5 Reason for Removal

5.1.5.1 Malfunction

- A Chipmunk that has failed in service.
- Chipmunks that have malfunctioned are subjected to investigation for the cause of malfunction, 5.2.1.

5.1.5.2 Request Terminated

- A Chipmunk installation that is no longer required.

5.1.5.3 Relocation

- A Chipmunk that has to be respotted at the same location.
- This Chipmunk will get a Chipmunk Installation Request number with a letter appended to the original Request number, ref. 5.1.1 of Instructions for Chipmunk Installation Request Form BNL F 2948A.

5.1.6 Notify Contact Immediately upon Removal (LP)

- The LP may request to be informed of the completion of the Chipmunk removal.

5.1.7 Special Instructions (LP)

- The LP may list special instructions pertaining to the Chipmunk decommissioning.

5.1.8 Requested By (LP)

- This is signed by the LP and initialed by the Chairman of the Radiation Safety Committee.

5.1.9 Date (LP)

- This is the date the Chipmunk Installation Request form BNL F 2948A was submitted.

5.1.10 Unit No. (ACG)

- This is a sequential number assigned to a Chipmunk when it is first calibrated after manufacture.

5.1.11 NMO # (CG)

- The NMO (Nuclear Monitor) number is the computer address that receives counts from the Chipmunk.
- The CG generates the computer addresses which become NMO numbers.
- The ACG assigns an NMO number to a Chipmunk location when a Chipmunk Installation Request is executed.
- The ACG assigns the NMO number to the Chipmunk while it is installed at a Chipmunk location.
- NMO numbers are not sequential. Missed numbers are spares.

5.1.12 Date (ACG)

- This is the date the ACG receives the form BNL F 2948A from the LP.

5.1.13 Location (RCD)

- This is the RCD description of the location of the Chipmunk.
- The RCD description is used in the RCD's Detector File List Program.

5.1.14 Justification Remarks (LP)

- The LP states reason(s) for decommissioning of the Chipmunk.
- The LP comments on the effect of the decommissioning on areas exclusive of Location (2.3) monitored by this Chipmunk.

5.1.15 Sign-Off

5.1.15.1 Access Controls Group (ACG)

- The ACG representative initials this box on completion of the Chipmunk decommissioning.

5.1.15.2 Operations Coordinator (MC)

- The Operations Coordinator for the shift, or his representative, initials this box on completion of the Chipmunk decommissioning.

5.1.15.3 Radiological Control Technician (RCT)

- The RCT initials this box on completion of the Chipmunk decommissioning.

5.1.16 Removal Complete (ACG)

- The ACG representative signs here on completion of the Chipmunk decommissioning.

5.1.17 Date

- The ACG representative records the date of completion of Chipmunk decommissioning.

5.1.18 Form Disposal

- The white copy of form BNL F 2947A is saved in the Radiation Safety Committee records of Chipmunk Decommissioning Requests.

5.2 Completion of Lower Portion of Yellow Form (ACG)

5.2.1 Malfunction Investigation

5.2.1.1 By

- The cause of malfunction of a Chipmunk is investigated by the ACG technician or the Chipmunk Monitoring System Engineer or both personnel.

5.2.1.2 Date

- The date the investigation was commenced is recorded.

5.2.1.3 Cause

- The cause of malfunction is documented.

5.2.2 Form Disposal

- The Yellow copy of form BNL F 2947A is saved in the ACG records of Chipmunk Decommissioning Requests.
- A facsimile of yellow form is saved in the ACG records of Chipmunk Decommissioning Requests for Chipmunks that have failed in service.

6. Documentation

None

7. References

None

8. Attachments

8.1 Attachment 1 – Chipmunk Decommissioning Form

CHIPMUNK DECOMMISSIONING REQUEST			
INSTALLATION REQUEST NO. _____			
LOCATION _____			
EXP. NO. _____			
CONTACT _____			
REASON FOR REMOVAL:			
<input type="checkbox"/> MALFUNCTION <input type="checkbox"/> REQUEST TERMINATED <input type="checkbox"/> RELOCATION			
NOTIFY CONTACT IMMEDIATELY UPON REMOVAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SPECIAL INSTRUCTIONS: _____			

REQUESTED BY: _____		DATE: _____	
UNIT #: _____		NMO #: _____	
DATE: _____		LOCATION: _____	
(ACG) _____		(RCD) _____	
JUSTIFICATION REMARKS:			

SIGN-OFF			
ACCESS CONTROLS GROUP: <input type="checkbox"/>		OPERATIONS COORDINATOR: <input type="checkbox"/>	
REMOVAL COMPLETE: _____		RADIOLOGICAL CONTROL TECHNICIAN: <input type="checkbox"/> DATE: _____	

DNL P 2947A
 WHITE - RADIATION SAFETY COMMITTEE YELLOW - ACCESS CONTROLS GROUP

Attachment 1

CHIPMUNK DECOMMISSIONING REQUEST

INSTALLATION REQUEST NO. _____

LOCATION: _____

EXP. NO. _____

CONTACT: _____

**This section completed when
data entered on white sheet.**

REASON FOR REMOVAL:

☐ MALFUNCTION
☐ REQUEST TERMINATED
☐ RELOCATION

NOTIFY CONTACT IMMEDIATELY UPON REMOVAL? ☐ YES ☐ NO

SPECIAL INSTRUCTIONS:

REQUESTED BY: _____ DATE: _____

UNIT #: _____ NMIC: _____

DATE: _____ LOCATION: _____

(ACG) (RCD)

JUSTIFICATION REMARKS:

SIGN-OFF

ACCESS CONTROLS GROUP: ☐ OPERATIONS COORDINATOR: ☐ RADIOLOGICAL CONTROL TECHNICIAN: ☐

REMOVAL COMPLETE: _____ DATE: _____

MALFUNCTION INVESTIGATION

BY: _____ DATE: _____

CAUSE: _____

BNL F 2947A

WHITE - RADIATION SAFETY COMMITTEE **YELLOW - ACCESS CONTROLS GROUP**

Attachment 1 continued